

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 2 2 1960

-60-028143

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6762

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 20 days	c. CITY OR TOWN Valier Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) None Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Robert Middle Howell Last Bradley		4. DATE OF DEATH Month July Day 1 Year 1960	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-16-98
9. AGE (last birthday) 61		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Coal Mining	11. BIRTHPLACE (City and state or country) Franklin Co., Ill.
12. CITIZEN OF WHAT COUNTRY U. S.		13a. FATHER'S NAME Marshal Bradley	
13b. MOTHER'S MAIDEN NAME Parsetta Arterberry		14. NAME OF HUSBAND OR WIFE Elsie Bradley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 322-03-5101	
17. INFORMANT Elsie Bradley		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Meningo-encephalitis due to THE CRYPTOCOCCUS NEOFORMANS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) 134.1 DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 1:10 PM Month, Day, Year June 30, 1960	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION ST. LOUIS 8 MO		COUNTY ST. LOUIS STATE MO	
21. I attended the deceased from June 30, 1960 to July 1, 1960 and last saw him live on July 1, 1960 Death occurred at 8:20 pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Walter M. Foreman MD		22b. ADDRESS ST. LOUIS 8 MO	
22c. DATE SIGNED 7/4/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 6, 60	
23c. NAME OF CEMETERY OR CREMATORY Horse Prairie		23d. LOCATION (City, town, or county) Sesser, Ill.	
24. FUNERAL DIRECTOR A. A. Russell, Christopher, Ill.		25. DATE RECD. BY LOCAL REG. JUL 5 1960	
26. REGISTRAR'S SIGNATURE Carl Smith, M.D.			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Not Embalmed Student Embalmer No. _____
working under my personal supervision.
Student _____ Signed John J. Kessly III
Signature of Student Embalmer

Licensed Embalmer No. 9912
P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.